

No Safe Place to Go
LGBTQ Youth Homelessness in Canada: Reviewing the Literature

Ilona Alex Abramovich

Abstract

Lesbian, gay, bisexual, transsexual, transgender, and queer (LGBTQ) youth are overrepresented in the homeless youth population in North America. This review brings together the literature on the topic of LGBTQ youth homelessness and provides a comprehensive overview of the unique needs of this population, as well as gaps and barriers to support. The review culminates in recommendations for support services and further research on this topic. This review should be particularly useful for youth shelter and service providers, and policy makers to respond to the needs of this population and to enhance knowledge in this area more broadly.

Ilona Alex Abramovich is a Doctoral Candidate with the Department of Adult Education and Community Development, Ontario Institute for Studies in Education, University of Toronto. Alex's research focuses on lesbian, gay, bisexual, transgender, transsexual, and queer (LGBTQ) youth homelessness and investigating the changes that need to be implemented in Toronto's shelter system in order for it to become safer, more accessible, and more supportive for this population of youth. Other areas of interest also include, youth culture, gender identity, and shifting traditional ways of thinking about gender and sexuality. Methodologically, Alex is interested in the use of critical ethnography, participatory research, and arts-informed research, including, digital storytelling and film-based methods. For more information, please visit: www.ilona6.com. Publications: (1) Abramovich, I.A, Espin, S., Wickson-Griffiths, A., Baker, L., Dematteo, D., Reeves, S. (2010) Translating Collaborative Knowledge into Practice: Findings from a six-month follow up study. *Journal of Interprofessional Care*. (2) Goldman, J., Abramovich, I.A, Savoy, B., Murphy, J., Rice, K., Reeves, S. (2010) The Development of an Electronic Departmental note in a Colposcopy Clinic. *CIN: Computers, Informatics, Nursing*

Introduction

There has been extensive research in the area of youth homelessness in both Canada and internationally over recent years, on the contrary, there has been an astounding lack of investigations into the phenomenon of lesbian, gay, bisexual, transgender, transsexual, queer and questioning (LGBTQ) youth homelessness. The pathways leading to homelessness are wide and varied, although, youth (defined as 16 to 26 years of age) are primarily led to the streets for reasons that are beyond their control (Gaetz, 2004; Yonge Street Mission, 2009). One of the main causes for young people leaving home or for being kicked out of the house is family conflict (Public Health Agency of Canada, 2006; Cull, Platzer, Balloch, 2006), which can be further broken down to: abuse, homophobia and transphobia, such as being forced to leave home after coming out as LGBTQ to one's family (Abramovich, 2008). LGBTQ youth are overrepresented in the homeless youth population. It has been estimated that approximately 25-40% of homeless youth identify as LGBTQ, meanwhile only approximately 5-10% of the general population identifies as LGBTQ (Josephson and Wright, 2000). Despite this alarming finding, there are no emergency/crisis shelters for LGBTQ youth in Canada. Given that youth are coming out earlier, and acceptance of LGBTQ people is more widespread today, the fact that we have minimal services for this population of youth is even more alarming. Homelessness amongst LGBTQ youth has been reported to be on the rise and agencies serving homeless youth have identified challenges in providing support to this population of youth (Yonge Street Mission, 2009).

The aim of this review is to bring together the literature on LGBTQ youth homelessness and substantiate what is known on the topic. The needs of LGBTQ homeless youth and gaps and barriers to current services are highlighted throughout the review and it culminates with concrete recommendations for future research and for shelter and service providers. This review is intended to influence shelter and service providers and policy makers to respond to the needs of LGBTQ homeless youth. There is little understanding regarding the situation of LGBTQ youth who are homeless, because the Canadian literature has yet to focus specifically on this population. However, what is known, based on the literature available, may roughly be conceptualized under the following categories: Street Life¹, Substance Use, Health Status, LGBTQ Aboriginal Youth Homelessness, Location and Mobility, Homophobia and Transphobia in the Shelter System and on the Streets, and Support Services.

Street Life

Street life is dangerous and can be extremely harmful, particularly for youth. The circumstances of street life expose youth to considerable consequences such as challenges to their physical, emotional, and mental health (Kelly & Caputo, 2007). Street youth have been found to be 10 to 12 times more likely to contract sexually transmitted infections and blood borne infections than other youth in their age group from the general

¹ The terms ‘street youth’ and ‘homeless youth’ are used interchangeably throughout this report and are used to refer to youth between the ages of 16 and 26 years, who lack a stable living situation, such as living on the streets, alleyways, cars, in the shelter system, couch surfing, or in temporary or marginal shelter.

population (Public Health Agency of Canada, 2006). The longer youth are on the street, the more likely they are to become attached to street culture, prostitution, survival sex, and drugs (O’Grady & Gaetz, 2004; Public Health Agency of Canada, 2006).

The constant threat of violence, drugs, harassment, and illness add to the hazards of street life. Due to the precariousness of street life, homeless youth mostly earn money through means such as: squeegeeing, panhandling, and quasi-legal activities such as sex work (Barnaby, Penn, & Erickson, 2010; Kidd, 2003; O’Grady & Gaetz, 2004). As these are all part of the reality of street life, it is crucial that support services provide street youth with access to education regarding HIV/AIDS risk, harm reduction, and safe sex practices (Kidd, 2003; Public Health Agency of Canada, 2006). A high proportion of street youth rely on a Personal Needs Allowance, Ontario Works, and Ontario Disability Support Program (ODSP), however, an even higher proportion of youth have indicated not having enough money to meet their most basic needs and therefore risk their safety and wellbeing to make it through each day (Yonge Street Mission, 2009). Street youth have also been found to be more likely working for money than domiciled youth in their age group (Public Health Agency of Canada, 2006). Minimal research has looked at the differences in money earning strategies employed by LGBTQ homeless youth versus their heterosexual counterparts.

On January 31, 2000, the Ontario government created the Ontario Safe Streets Act, which outlawed both squeegeeing and “aggressive” panhandling (O’Grady & Gaetz, 2004), bringing the criminalization of homelessness in Ontario to a new level. Criminal victimization has been found to be significantly higher among homeless youth than the

general population in Toronto (O'Grady & Gaetz, 2004). However, the majority of public awareness and discussion on crime and homelessness tends to revolve around homeless youth as perpetrators of crime, rather than victims of crime (Gaetz, 2004). The notion that street-youth are "troubled" and "deviant" and make the streets unsafe for others is still a widely held public belief. There is minimal knowledge and understanding on the victimization experiences of homeless youth in Canada. Gaetz (2004) argues that due to social exclusion, youth who are homeless have limited access to shelter, employment, social capital, and healthy lifestyles, which effects their ability to be safe and increases the risk of criminal victimization.

The threat of violence and harassment on the streets is exacerbated for LGBTQ youth due to frequent encounters with homophobia and transphobia. These threats make it especially hard for youth who were forced to leave home due to homophobia or transphobia because it makes coming out and trusting people more challenging. There are also countless situations where youth are victimized, ridiculed, and beaten up on the streets and in the shelter system simply for their gender and/or sexual identity. Regardless of their gender or sexual identity, homeless youth most often come from family situations of conflict, abuse, and neglect (Kidd, 2003). When youth leave home or are forced to leave home they are instantly faced with the challenges of finding safety, food, and shelter. While support services are meant to be sources of support, they can end up being places of danger, threat, and stress for youth, leaving a number of street youth without food, shelter, and safety (Kidd, 2003). All street youth need safe places they can turn to for assistance; places that will not discriminate against them based on their sexual or gender identity. However, there remain situations where support services turn youth away

for varying reasons such as their sexual and/or gender identity (Ray, 2006). This places LGBTQ homeless youth into situations where they have little choice but to be exposed to the risk of homophobic and transphobic violence on the streets and in the shelter system.

Substance Use

For many youth on the streets, substance use is a part of street life that they engage in as a way of forgetting and escaping the pain, sadness, and stress faced on a daily basis (Kidd, 2003). A higher prevalence of substance use has been found amongst youth on the streets than those in shelters (Ray, 2006). This raises concern for the LGBTQ youth cohort, as there are no specialized shelters for them in Canada, leaving many youth to sleep on the streets and become further exposed to the risks of substance use. There has been extensive research on substance use and youth homelessness; however, the majority of these studies have only included a small percentage of LGBTQ identified youth. The substance use patterns of LGBTQ youth who are homeless have been associated with social stigma and ongoing discrimination (Ray, 2006).

The Youth Pathways Project (YPP) involved 150 homeless youth in Toronto and examined issues including: drug use, violence, health, mental health, nutrition, housing, and use of support services (Ottaway, King, & Erickson, 2009). Although not all street youth engage in substance use, the most commonly used illicit drug amongst homeless youth in Toronto is marijuana (Barnaby, Penn, & Erickson, 2010; Ottaway, King & Erickson, 2009). A number of studies, including the YPP study, have confirmed that

poly-substance² use is the primary method of drug use amongst street youth in Toronto (Barnaby, Penn, & Erickson, 2010; Ottaway, King, & Erickson, 2009; Public Health Agency of Canada, 2006). The Public Health Agency of Canada (2006) found that the most common drugs injected amongst street youth in Canada were: cocaine, heroin, morphine, and speedball (cocaine and heroin combined). No differentiation was made between injection drug use of LGBTQ youth and heterosexual youth. Recent homelessness was found to be a major contributing factor to youths' decision to injecting drug use (Public Health Agency of Canada, 2006).

The 2010 SHOUT Clinic Harm Reduction study was conducted to identify current substance use, harm reduction and sexual practices and health status of youth who are homeless and use substances in Toronto (Barnaby, Penn, & Erickson, 2010). Sources of shelter were found to influence youths' choice of drugs, for example, those who slept on the streets were more likely to combine stimulants and alcohol (Barnaby, Penn, & Erickson, 2010). Several significant differences in the use of substances were found between LGBTQ youth and their heterosexual peers, for example, there was greater use of Methamphetamine amongst LGBTQ youth and greater use of Opioids (e.g. Tylenol with Codeine, Heroin, Oxycotin/Oxycodone) amongst heterosexual youth (Barnaby, Penn, & Erickson, 2010). Regardless of sexual orientation, youth reported harm reduction as an appropriate and useful approach to dealing with substance use related issues (Barnaby, Penn, & Erickson, 2010). The adoption of a harm reduction approach was described as offering services to youth where and when they needed them, greater access

² Combining two or more different types of drugs to achieve a desired effect.

to supplies used by youth, program options that are relevant and specialized for sub-groups of youth (e.g. LGBTQ youth), better access to educational resources, and safe injection sites (Barnaby, Penn, & Erickson, 2010).

Health Status

The living circumstances associated with homelessness have profound emotional, physical, and psychological impacts on the wellbeing of street youth, regardless of their sexual or gender identity. The challenges of dealing with coming out, trying to form one's gender and sexual identity, and the burden of social stigma and discrimination, in addition to the everyday stresses of street life, greatly impact the wellbeing of LGBTQ homeless youth in particular (Ray, 2006). It has been found that LGBTQ youth experience increased risk for suicide (Horn, Kosciw, & Russell, 2009; Ray, 2006), mental health difficulties (Cull, Platzer, & Balloch, 2006) and HIV infection (Quintana, Rosenthal, & Krehely, 2010; Reck, 2009). Higher rates of unprotected sex have also been reported amongst lesbian, gay, and bisexual (LGB) homeless youth in comparison to their heterosexual peers (Cull, Platzer, & Balloch, 2006). A high proportion of street youth have reported not using condoms with both their male and female sexual partners, however, males were the least likely to report using condoms with their same-sex partners (Public Health Agency of Canada, 2006). Little is known about the reasons behind the low rate of condom use amongst homeless youth male to male sexual encounters and further research needs to be conducted to provide sufficient knowledge in this area.

Yonge Street Mission interviewed hundreds of homeless youth and support services in 2009, to identify the changing needs of homeless youth in Toronto. Although sexual orientation was not recorded or included in demographics, a number of significant findings and questions emerged from the study. Youth sleeping on the streets and “couch surfing” reported higher rates of mental health difficulties, in comparison to youth sleeping in shelters (Yonge Street Mission, 2009). Youth also reported that social support services offering mental health care were not viewed as accessible or responsive to their specific needs and that there was fear that using such services would lead to further social stigmatization and labeling (Yonge Street Mission, 2009). All homeless youth are prone and exposed to the risks of mental health difficulties on the streets. LGBTQ youth, however, are particularly susceptible to developing mental health concerns on the streets due to the stigmatization and unfair treatment associated with being a sexual and gender minority (Ray, 2006). Alarming high rates of depression, suicide, and suicidal thoughts have been reported by LGBTQ homeless youth (Safren & Heimberg, 1999).

In 2010, Quintana, Rosenthal, and Krehely published a report on gay and transgender youth homelessness that served as a blueprint to approaching and dealing with these issues. Challenges regarding access to appropriate health care services was a main concern reported amongst LGBTQ homeless youth. Barriers such as discrimination, homophobia, transphobia, not having a health card, and not knowing if the health care clinic is LGBTQ friendly or knowledgeable, make it difficult to seek health care services. Transgender youth particularly have reported barriers to accessing supportive and knowledgeable health care (Quintana, Rosenthal, & Krehely, 2010). It is especially crucial that homeless transgender youth have access to health care professionals who

have a comprehensive understanding of transgender-related issues and concerns and transition-related health care, because the health care needs of transgender youth differ greatly from those of LGB youth. For example, transgender youth may choose to start hormones, which requires specific monitoring, including regular blood work. The lack of specialized health care services for transgender youth often results in youth turning to unmonitored street suppliers for transition-related treatment (e.g. hormones, silicone injections), which can have severe health complications (Quintana, Rosenthal, & Krehely, 2010). Both gender identity and sexual orientation have been identified as sources of social stigma that negatively impact youth internally and externally (Barnaby, Penn, & Erickson, 2010) leading to greater risks of developing habits such as substance use and self-harm.

LGBTQ Aboriginal Youth Homelessness

A long history of colonization in Canada has created copious challenges for Aboriginal peoples. Systemic barriers in government and social supports and lack of specialized services have caused Aboriginal youth to be overrepresented in the homeless youth population (Raising the Roof, 2009). The McCreary Centre Society (2000) looked at the health of marginalized and street-involved youth in six different communities and the same study was repeated in 2006 in nine communities. Up to 54% of the youth who participated in the 2006 study were Aboriginal. It was reported that a high proportion of the Aboriginal youth also identified as LGBTQ, particularly the female identified participants (Saewyc, Bingham, Brunanski, Smith, Hunt, Northcott, & The McCreary Centre Society, 2008). Amongst the various pathways leading to homelessness, the

No Safe Place To Go

majority of youth participants had either run away or been kicked out of their homes, whereas LGB Aboriginal youth were more likely to have run away from home for reasons varying from conflict at home due to their sexual orientation to not getting along with their parents to feeling more accepted on the streets (Saewyc, et. al., 2008).

Participants reported a lack of both culturally relevant services and LGBTQ related services, as well as being discriminated against based on their race and/or skin colour (Saewyc, et. al., 2008). Due to the high proportion of LGBTQ Aboriginal youth who participated in this study and the lack of specialized services for both LGBTQ youth and Aboriginal youth, the implementation of specialized services for this group was identified as a central recommendation (Saewyc, et. al., 2008). Such as, programs with a cultural focus that could reconnect youth to their Aboriginal cultural traditions, as well as accept and nurture their LGBTQ identities (Saewyc, et. al., 2008). Further research on the intersections of being homeless and having a LGBTQ and Aboriginal identity was identified as a priority (Saewyc, et. al., 2008).

Location and Mobility

The transient nature of street-life forces youth to move around and change their sleeping locations frequently. It has been reported that youth have a tendency to sleep in different locations than where they hang out (Yonge Street Mission, 2009). Mobility has been found to be highest among women and Aboriginal youth and lowest among youth who are in temporary housing or sleeping in shelters (Yonge Street Mission, 2009). This may suggest that mobility among LGBTQ youth is quite high because LGBTQ youth have reported not feeling safe in the shelter system (Abramovich, 2008) and there are no

specialized emergency shelters in Toronto, or Canada more broadly, for this population of youth.

Due to urban gentrification an increasingly high amount of businesses are either closing or changing locations in Toronto's well-known Gay Village located at Church and Wellesley (Balkissoon, 2009). The 'village', as it is often referred to, has served as a place of safety for many in the LGBTQ community, especially youth who have recently come-out or been kicked out of the house and have migrated to Toronto. Without the 'village' as a relatively safe refuge, LGBTQ youth are forced to spend time in neighbourhoods where they may face the threat of unsafe situations, especially those who are not from Toronto and do not know the city well. Toronto street youth have reported increasingly moving towards neighbourhoods in the West end of downtown Toronto (Yonge Street Mission, 2009).

As with the majority of youth groups, it has been found that homeless youth tend to rely heavily on their social networks when making day-to-day decisions (Yonge Street Mission, 2009). Yonge Street Mission (2009) reported that a large proportion of homeless youth stated that their social networks consisted of people they met through a shelter or support service, or on the street. Only a small proportion of youth stated that they chose their social network because they actually liked the people, but rather because of the circumstances of where they found themselves (Yonge Street Mission, 2009). In light of this finding and the lack of research on LGBTQ youth homelessness, an important question surfaces: where do LGBTQ homeless youth create social networks within a system that poses the daily risk of homophobia and transphobia and where there are

negligible services offered to this community? Without social networks to turn to for support, the risks of encountering discrimination and violence are heightened for street youth.

Homeless youth spend a significant amount of time in parks, alleyways and street corners, which puts their lives under constant regulation and increases the likelihood of negative police attention (Ottaway, King, & Erickson, 2009). They are continuously kicked out of both private and public spaces, making it extremely difficult for them to find safe places (Gaetz, 2004). When in need of security, the dangers of street life is limited in what it can offer, and overcrowded shelters also pose the risk of victimization and crime – leading homeless youth to being even further excluded from the simple aspects of daily living.

Homophobia in the Shelter System and on the Streets

Toronto is advertised as one of the ‘gayest cities’ in the world, a place where people often travel or move to hoping to feel accepted and safe (Gay Toronto Tourism Guild, 2008). However, the prevalence of homophobic violence in Canadian society is often normalized and invisible. Statistics Canada (2010) states that the largest increase in hate crimes were those motivated by sexual orientation (towards the LGBTQ community), which more than doubled from 2007-2008. The 2006 Statistics Canada Hate Crime Report stated that 56% of hate crimes motivated by sexual orientation were violent and most likely to end up with physical assault to victims (Dauvergne, Scrim, & Brennan, 2006).

Criminal victimization is significantly higher among homeless youth than the general population in Toronto (O'Grady & Gaetz, 2004) and females who are homeless have been found to be more vulnerable to certain types of violence and crime on the streets than males (O'Grady & Gaetz, 2004). It has also been found that the risks encountered on the streets by LGBTQ homeless youth versus heterosexual homeless youth differ, largely due to the violence surrounding homophobia and transphobia (Dunne, et al, 2000). Unfortunately, mainstream society and the majority of support services for homeless youth often fail to recognize these specific risks and barriers faced by youth (Dunne, et al., 2000).

Transphobia in the Shelter System and on the Streets

Although minimal research has been conducted on LGB youth homelessness, there is even less research on homelessness amongst transgender youth. There are few services in Canada that effectively meet the needs of LGB homeless youth and even fewer that cater to the needs of transgender youth who are homeless. The needs of transgender youth differ from those of LGB youth, whether they are homeless or not. For instance, needs may include transition-related surgery, hormones, name changes, and identification that matches their changed names. The complexity of these needs is exacerbated when one is homeless and does not have money, a health card, or a support network.

Transgender youth face the highest amount of discrimination than any other youth group in the shelter system (Quintana, Rosenthal, & Krehely, 2010). Agencies serving homeless youth in Toronto have reported great difficulty in supporting transgender youth

(Yonge Street Mission, 2009). Most shelters are segregated by birth sex, which increases the risk for gender discrimination and gender violence to occur within shelters. Shelter staff members tend to have minimal training around transgender-related issues, needs, and terminology. Staff may not have an understanding of the importance of asking youth what pronoun they prefer, how they wish to be addressed, or that transgender people can also identify as heterosexual and do not always fit into the category of LGB.

It is imperative that shelters adopt policies and guidelines on how to meet the needs of transgender youth. The City of Toronto shelter standards states: “It is expected that all shelters be accessible to transgender/transsexual/two-spirited (TS/TG/2-S) residents in their self-defined gender, and that shelters will work toward improving access to this group. Shelters will support the choices of TG/TS/2-S residents to gain access to services in the gender they identify will best preserve their safety.” (Toronto Shelter Standards, 2002, p 14).

However, female-to-male (FTM) transgender/transsexual youth who are homeless have distinctive needs that are currently unmet in Toronto’s shelter system (Denomme-Welch, Pyne, & Scanlon, 2008). The FTM Safer Shelter Project (2008) – a community-based research project that investigated homelessness and shelter access amongst FTMs in Toronto found that the current shelter system has been described by FTMs as being unsafe. FTM participants reported not being welcome in either men’s or women’s shelters and that they have found the policies and practices in the shelter system to be degrading to them (Denomme-Welch, Pyne, & Scanlon, 2008). Among the critical recommendations that came out of the study, was a call for the City of Toronto to

immediately fund specialized shelter services and allocate beds for FTMs, as well as other men who are vulnerable or at risk of violence (Denomme-Welch, Pyne, & Scanlon, 2008).

The National Gay and Lesbian Task Force released a report on LGBTQ youth homelessness, which made recommendations for how to provide appropriate shelter services to transgender youth. Boyle (2006) asserts that the process of developing transgender friendly shelters is twofold: appropriate staff training and transgender specific policies and guidelines. The importance of ongoing transgender-related staff training was highlighted as fundamental to serving transgender youth in a respectful and supportive manner (Boyle, 2006). It was also recommended that shelters provide the option for youth to use single stall bathrooms and private shower spaces, and that youth should have the right to choose which floor they feel most comfortable sleeping on based on their gender identity without further questioning or interrogation (Boyle, 2006). These changes to the shelter system would require modifying existing policies and creating new ones that relate to meeting the needs of transgender youth.

Service Providers

There have been considerable changes to the issues that homeless youth face since youth shelters were first introduced to the city of Toronto in the 1980s (Youth Shelter Interagency Report, 2007). In the last 30 years the issues and problems faced by homeless youth have become increasingly complicated and diverse. Today's homeless youth are faced with highly complex problems such as: homophobia, transphobia, immigration, and legal issues.

The needs and patterns of youth homelessness differ significantly between recent immigrants versus those who are not immigrants (Yonge Street Mission, 2009). It has been found that homeless youth who are immigrants tend to use support services less frequently than non-immigrant youth and transition into housing faster (Yonge Street Mission, 2009). It is also known that a large proportion of homeless and non-homeless LGBTQ youth tend to migrate to Toronto from different cities and countries because of the city's "gay friendly" reputation (Abramovich, 2008). However, it is still unknown whether there are higher proportions of immigrant youth within the LGBTQ homeless youth population. The lack of specialized services for sub-populations (e.g. immigrants, LGBTQ youth) of homeless youth make it increasingly challenging for youth to find support and have their needs met.

In order to meet the needs of youth, shelters and support services must evolve with the changes that take place over time and alter their services and programs to match with those changes (Youth Shelter Interagency Network, 2007). However, funding cuts have created significant gaps in the system leaving many youths' needs unmet. For example, numerous youth may experience comorbid health concerns (e.g. mental health issues and substance use issues), but are forced to rely on resources that may not always be fully equipped to deal with such problems (Youth Shelter Interagency Network, 2007).

Homeless youth rely heavily on support services for fulfilling their everyday needs, such as food, healthcare, and shelter (Yonge Street Mission, 2009), because of the diverse population of youth accessing services it is important that services do not adopt a *one size fits all* approach to helping youth and that services are equipped to meet the

needs of all youth (Kelly & Caputo, 2007). There are 579 shelter beds designated for youth in Toronto (Youth Shelter Interagency Network, 2007), however, despite the significant proportion of LGBTQ youth in Toronto there are still no shelters specifically for this population. The profound impact that homelessness and the lack of support have on LGBTQ youth perpetuates issues relating to substance abuse, risky sexual behaviour, victimization, and crime (Ray, 2006). These issues make LGBTQ homeless youth more vulnerable to concerns such as depression and loneliness (Ray, 2006). Transitions for Youth (2007) stated that homeless youth identified the need for support staff that could relate to the issues they face, are closer in age to them, and have lived experiences of homelessness. Youth articulated that having someone they could relate to and receive support from was an extremely important factor in developing life skills leading to independent living (Transitions for Youth, 2007).

Several States in the United States have implemented LGBTQ specialized shelters. For example, the Ali Forney Center opened in June 2002 in New York City as a response to the lack of safe shelter for LGBTQ homeless youth. The shelter provides an emergency housing program, day center, transitional housing, and an outreach program for youth between the ages of 16 and 24 (The Ali Forney Center, 2011). The topic of specialized services for LGBTQ homeless youth in Toronto has been met with much hesitation. Funding cuts have closed down more shelters than have been opened. Some argue that opening up a specialized shelter would segregate LGBTQ youth and further marginalize them. LGBTQ homeless youth have, however, reported the need for specialized services in the form of an emergency shelter (Abramovich, 2008; Denomme-Welch, Pyne, & Scanlon, 2008; Yonge Street Mission, 2009). The literature tells us that

LGBTQ youth are avoiding support services and shelters due to the ongoing violence and discrimination they are subjected to, which suggests that it is homophobia and transphobia that is segregating youth from much needed homeless services.

Recommendations

The goal of this review has been to raise awareness to the issues of LGBTQ youth homelessness in Canada. Recommendations that have been outlined in each section include the following:

- The whole shelter system should be held accountable for fostering safe spaces for all youth, regardless of their sexual or gender identity.
- More services providing support to homeless youth need to adopt a harm reduction approach (e.g. greater access to drug supplies, such as injection equipment, and to safe injection sites).
- Further research to investigate areas including: the intersections of being homeless and having an LGBTQ and Aboriginal identity; the prevalence and needs related to LGBTQ youth homelessness and immigration; as well as LGBTQ youth homelessness in Canada more broadly.
- Additional shelter staff training and education on issues related to LGBTQ youth culture, terminology, needs, homophobia, and transphobia.

- Canada to implement an emergency/crisis shelter for LGBTQ youth, or more specifically, the City of Toronto, due to the high proportion of LGBTQ homeless youth in Toronto.

Conclusions

The growing issue of LGBTQ youth homelessness is a phenomenon that has yet to be fully investigated or understood. What we know from the existing literature is that the incidence of LGBTQ youth homelessness is on the rise and that social support services are not fully equipped or prepared to deal with this population's issues and concerns. We also know that LGBTQ youth have needs and challenges that differ from their heterosexual peers and despite this knowledge there are no specialized shelters that meet their needs in Toronto, or in Canada. Without the proper services in place, LGBTQ youth who are homeless may be on the streets for longer and have a harder time getting off of the streets than their heterosexual counterparts. Further research in this field will expand our understanding and help fill large gaps in knowledge in the area of LGBTQ youth homelessness. An increase in knowledge in the area of LGBTQ homeless youth will help create much needed policy recommendations and best practice guidelines, so that we could shift to a more accepting and supportive country for LGBTQ youth.

Acknowledgements

The author would like to acknowledge the support, assistance, and advice of Lorraine Barnaby (Health Promoter, SHOUT Clinic, Toronto, ON) in writing this article.

References

- Abramovich, I. (2008). *Young, queer and homeless in Toronto: Where is the Support?*
Retrieved from: http://ilona6.com/docs/abramovich_thesis.pdf
- Balkissoon, D. (2009, October 13). Exodus sees Church St. losing its gay village identity.
The Toronto Star. Retrieved from: <http://tinyurl.com/yl6fm7w>
- Barnaby, L., Penn, R., & Erickson, P.G. (2010). *Drugs, homelessness and health: homeless youth speak out about harm reduction*. Retrieved June 1, 2010 from:
<http://tinyurl.com/yzcyoyg>
- Boyle, S. (2006). Urban Peak: Working with homeless transgender youth in a shelter environment. In Ray, N. (2006). *Lesbian, gay, bisexual and transgender youth: an epidemic of homelessness*. Retrieved from the Task Force website:
<http://www.thetaskforce.org>
- Cull, M., Platzer, H., & Balloch, S. (2006). Out on my own: Understanding the experiences and needs of homeless lesbian, gay, bisexual and transgender youth. *Brighton & Hove, England: Health and Social Policy Research Centre, Faculty of Health, School of Applied Social Science, University of Brighton*. Retrieved from:
<http://tinyurl.com/42whpzg>
- Dauvergne, M., Scrim, K., & Brennan, S. (2006). *Hate crime in Canada*. Retrieved from the Statistics Canada website: <http://tinyurl.com/62xfe49>
- Dunne, G. A., Prendergast, S., & Telford, D. (2002). Young, gay, homeless and invisible: a growing population? *Culture, Health & Sexuality*, 4(1). 103-115.
- Gaetz, S. (2004). *Understanding Research on Homelessness in Toronto: A Literature Review*. Retrieved from: <http://tinyurl.com/685pbp2>
- Gay Toronto Tourism Guild. (2008). Retrieved from: <http://www.gaytorontotourism.com>
- Horn, S. S., Kosciw, J. G., & Russell, S. T. (2009). New research on lesbian, gay, bisexual, and transgender youth: Studying lives in context. *Journal of Youth and Adolescence*, 38(7), 863-866.
- Josephson, G. & Wright, A. (2000). *Ottawa GLBT wellness project: Literature review and survey instruments*. Retrieved from the Pink Triangle Services website:
<http://www.pinktriangle.org/wellness/main.html>
- Kelly, K., & Caputo, T. C. (2007). Health and street/homeless youth. *Journal of Health Psychology*, 12(5), 726-736.
- Kidd, S. (2003). Street Youth: Coping and Interventions. *Child and Adolescent Social Work Journal*, 20(4), 235-261.

- O'Grady, B., & Gaetz, S. (2004). Homelessness, gender and subsistence: The case of Toronto street youth. *Journal of Youth Studies*, 7(4), 397-416.
- Ottaway, N., King K., & Erickson, P. G. (2009). Storying the street: transition narratives of homeless youth. *Medical Humanities*, 35(1), 19-26.
- Public Health Agency of Canada. (2006). *Street youth in Canada: Findings from the enhanced surveillance of Canadian street youth, 1999-2003*. Ottawa: Government of Canada. Retrieved from: <http://tinyurl.com/3q7zbtbk>
- Quintana, N.S., Rosenthal, J., & Krehely, J. (2010). *On the Streets: The Federal Response to Gay and Transgender Homeless Youth*. Retrieved from: <http://tinyurl.com/2fscp6z>
- Raising the Roof. (2009). *Youth homelessness in Canada: The road to solutions*. Retrieved from: <http://tinyurl.com/ybu7dzs>
- Ray, N. (2006). *Lesbian, gay, bisexual and transgender youth: an epidemic of homelessness*. Retrieved from: <http://www.thetaskforce.org>
- Reck, J. (2009). Homeless gay and transgender youth of color in San Francisco: "No one likes the street kids" –even in the Castro. *Journal of LGBT Youth*, 6, 223-242.
- Saewyc E, Bingham B, Brunanski D, Smith A, Hunt S, Northcott M, & the McCreary Centre Society. (2008). *Moving Upstream: Aboriginal Marginalized and Street-Involved Youth in B.C.* Retrieved from: <http://tinyurl.com/366anl9>
- Safren, S.A., & Heimberg, R.G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting and Clinical Psychology*, 67(6).
- Shout Clinic. (2006). *Queer youth speak*. Retrieved from the Wellesley Institute website: <http://wellesleyinstitute.com/research/funded-research/enabling-grants/queer-youth-speak-0>Statistics Canada (2010)
- The Ali Forney Center. (2011). Retrieved from: <http://www.aliforneycenter.org/>
- Toronto Shelter Standards. (2010). Retrieved from the City of Toronto website: <http://tinyurl.com/687t3l8>
- Transitions for Youth. (2007). *More than a roof: best practices for transitional housing models for homeless youth in Halton*. 1-30. Retrieved from: http://www.cdhalton.ca/pdf/More_Than_A_Roof.pdf
- Yonge Street Mission. (2009). *Changing Patterns for Street Involved Youth*. Retrieved from the Yonge Street Mission website: <http://www.ysm.ca/index.html>

No Safe Place To Go

Youth Shelter Interagency Network. (2007). *System in crisis: An action plan for the future of Toronto's homeless youth*. Retrieved from Shared Learning's on Homelessness website: <http://www.sharedlearnings.org/res.cfm>